

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License #5893

Name: PRATT WELL SERVICE, INC.

Address P.O. BOX 847

PRATT, KANSAS 67124

City/State/Zip PRATT, KANSAS 67124

Purchaser: PRATT WELL SERVICE, INC.

Operator Contact Person: KENNETH C. GATES

Phone (316)672-2531 OFFICE

Contractor: Name: PRATT WELL SERVICE, INC.

License: 5893

Wellsite Geologist: NONE

Designate Type of Completion

New Well XX Re-Entry Workover

Oil SWD SLOW Temp. Abd.
Gas ENHR SIGW
XX Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: RUPE OIL COMPANY

Well Name: MILWAUKEE #1

Comp. Date 01/05/71 Old Total Depth 2626'

Deepening X Re-perf. Conv. to Inj/SWD
Plug Back 1790' PBDT
Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Inj?) Docket No.

10/20/95 P&A NONE
Spud Date OF Date Reached TD Completion Date
REENTRY

API NO. 15-095207650001 ORIGINAL

County KINGMAN

C - NE - SE - Sec. 23 Twp. 27S Rge. 10 XX W

1980' Feet from (S) (circle one) Line of Section

660' Feet from (E) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(SE) or (circle one)

Lease Name GEESLING Well # 1 OWWO

Field Name DRESDEN

Producing Formation HER/KRI/WINFIELD

Elevation: Ground 1720' KB 5' AGL

Total Depth 1790 PBDT 1780'

Amount of Surface Pipe Set and Cemented at 301' Feet

Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to W/ sx cmt.

Drilling Fluid Management Plan UNSUCCESSFUL REENTRY 891
(Data must be collected from the Reserve Pit) 2-16-96

Chloride content 45000 ppm Fluid volume 450 bbls

Dewatering method used HAULED PITS DRY NO MUD USED

Location of fluid disposal if hauled offsite:

Operator Name PRATT WELL SERVICE, INC.

Lease Name WATSON #1 SWD License No. 5893

SE SE SE Quarter Sec. 7 Twp. 27 S Rng. 13 W

County PRATT Docket No. D-19,334

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CELEBRATING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporary abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Kenneth C. Gates

Title President Date 12/16/95

Subscribed and sworn to before me this 26th day of December 19 95.

Notary Public Dorothy M. Ferguson

Date Commission Expires Feb. 6, 1997

K.C.C. OFFICE USE ONLY DIVISION
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)



SIDE TWO

Operator Name PRATT WELL SERVICE, INC. Lease Name GEESLING Well # 1

Sec. 23 Twp. 27S Rge. 10 East West County KINGMAN

ORIGINAL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	7 7/8"	P & A					

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	368' PBDT	60/40 POZ MIX	70 SX	3%CC
<input checked="" type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	CEMENT @GL	" "	"	"

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

RECEIVED
STATE CORPORATION COMMISSION
DEC 27 1995
CONSERVATION DIVISION
Wichita, Kansas



HALLIBURTON
ORIGINAL

REMIT TO:
P.O. BOX ~~961046~~
DALLAS, TX 75395-1046

VOICE

INVOICE NO.	DATE
906803	11/06/1995

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
GEESLING 1		KINGMAN		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
PRATT		PRATT WELL SERVICE	PLUG TO ABANDON		11/06/1995
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
700429	JOHN LUTHER			COMPANY TRUCK	99159

PRATT WELL SERVICE INC
BOX 847
PRATT, KS 67124

DIRECT CORRESPONDENCE TO:
P.O. BOX 1598
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	54 MI		2.85	153.90 *
		1 UNT			
090-910	MISCELLANEOUS PUMPING JOB	1 TRK		395.00	395.00 *
504-136	CEMENT - 40/60 POZMIX STANDARD	60 SK		7.16	429.60 *
500-207	BULK SERVICE CHARGE	60 CFT		1.35	81.00 *
500-306	MILEAGE CMTG MAT DEL OR RETURN	71.55 TMI		.95	75.00MN*
INVOICE SUBTOTAL					1,134.50
DISCOUNT-(BID)					283.62-
INVOICE BID AMOUNT					850.88
*-KANSAS STATE SALES TAX					41.71
*-PRATT COUNTY SALES TAX					8.50
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$901.09

RECEIVED
STATE CORPORATION COMMISSION
DEC 27 1995
CONSERVATION DIVISION
Wichita, Kansas

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.



CHARGE TO: Pratt Well Service
 ADDRESS: _____
 CITY, STATE, ZIP CODE: Pratt, KS. 67124

DUNCAN COPY

TICKET

906803 - 7

RECEIVED
OPERATION COMMISSION
STATE OF KANSAS
DIVISION
NO. 7 1995
DATE DEC 27 1995

HAL-1906-N

1. SERVICE LOCATIONS <u>Pratt, KS 67124</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>Geesling</u>	COUNTY/PARISH <u>Kearney</u>	STATE <u>Ks.</u>	CITY/OFFSHORE LOCATION <u>Cunningham</u>	OWNER <u>SAME</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Pratt Well Service</u>	RIG NAME/NO. <u>N/A</u>	SHIPPED VIA <u>Cr. Veh.</u>	DELIVERED TO <u>Location</u>	WELL NO. <u>23-275-10w</u>
3. WELL TYPE <u>Oil Gas</u>	WELL CATEGORY <u>Oil Development</u>	JOB PURPOSE <u>PTA -115</u>	WELL PERMIT NO. <u>N/A</u>	WELL LOCATION <u>23-275-10w</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE Round Trip	54	Miles	1	unit	2.85	153.90
090-910		1			Pump Charge	2	hrs.			395.00	395.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL <u>548.90</u>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>1134.50</u> <u>1127.47</u>
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
DATE SIGNED <u>9/20 11-6-95</u>	TIME SIGNED <u>09:00</u>	TREE CONNECTION		TYPE VALVE		ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

FOR CUSTOMER'S AGENT (PLEASE PRINT) <u>Luther</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Helen Luther</u>	HALLIBURTON OPERATOR/ENGINEER <u>Kurt Dutil</u>	EMP # <u>8666</u>	HALLIBURTON APPROVAL <u>Kurt Dutil</u>
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HALLIBURTON

TICKET CONTINUATION

FIELD COPY

TICKET No. 906803

HALLIBURTON ENERGY SERVICES

CUSTOMER PRATT WELL SERVICE	WELL GEESLING #1	DATE 11-06-95	PAGE 2	OF 2
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URM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	UNIT PRICE		
504-136		1			40/60 POZMIX W6% GEL	60	sks			7.16		429.60
LOADED ON TRK. #4413-FRONT												
300-207		1			SERVICE CHARGE	CUBIC FEET		60		1.35		81.00
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		75.00		67.97
					5316	27		71.55		95		

No. B 325628

CONTINUATION TOTAL	535.60
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WELL DATA

FIELD _____ SEC. 23 TWP. 27S RNG. 10W COUNTY KINGMAN STATE Ks.

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>4</u>	<u>24.5</u>	<u>8.75</u>	<u>0</u>		
LINER						
TUBING		<u>38</u>	<u>6.5</u>	<u>0</u>	<u>360</u>	
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>11-6-95</u>	DATE <u>11-6-95</u>	DATE <u>11-6-95</u>	DATE <u>11-6-95</u>
TIME <u>10:00</u>	TIME <u>08:45</u>	TIME <u>09:15</u>	TIME <u>10:45</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Kurt Dutoit #26650</u>	<u>94090</u>	<u>Pt A, Ks.</u>
<u>Larry Gardner #62723</u>	<u>Pickup</u>	<u>"</u>
<u>Rod Johnson</u>	<u>Pump truck</u>	<u>"</u>
	<u>4415</u>	<u>"</u>
	<u>Bulk Tank</u>	<u>"</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API

DISPL. FLUID _____ DENSITY _____ LB/GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN.

NE AGENT TYPE _____ GAL. _____ IN.

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.

GELLING AGENT TYPE _____ GAL.-LB. _____ IN.

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.

BREAKER TYPE _____ GAL.-LB. _____ IN.

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Cement

DESCRIPTION OF JOB Pt A w/ books 40/60 P2

JOB DONE THRU: TUBING CASING ANNULUS TSG/ANN.

CUSTOMER REPRESENTATIVE X Kurt Dutoit

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>60</u>	<u>40/60 P2</u>	<u>Howco</u>	<u>15</u>	<u>6% TUDOL</u>	<u>1.67</u>	<u>12.8</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____

HYDRAULIC HORSEPOWER _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

PRESLUSH: BBL.-GAL. _____ TYPE _____

LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____

CEMENT SLURRY: BBL.-GAL. _____

TOTAL VOLUME: BBL.-GAL. _____

REMARKS

See Job Log

WELL NO. 23-27S-10W JOB TYPE Pt A DATE 11-6-95

DATE
 11-16-95

JOB LOG HAL-2013-C

CUSTOMER		WELL NO.	LEASE		JOB TYPE	TICKET NO.		
Pattwell Services		#1	GRASLING		PTA	906803		
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	06:00							Called Out
	08:45							on location
	09:25		5 BBL			50		Ran Tubing In to 2300'
	09:30		9 BBL			25		Pump 5 BBL like ahead
	09:40		5 BBL			0		Mix 35 SKS of Cement
	09:43							Cement Mixed Pump like ahead
	9:55							Pull Tubing up to 60'
	10:00		5 BBL					Mix 25 SKS of Cement
	10:00							Cement Mixed
	10:15							Cement Circulated to Surface
	10:45							Wash up & hook up Pump truck
								Job Complete
Thank you, Kurt Dutoit Larry Cozmen Brad Johnson								
Halliburton Emergency Services, PMA, KS								

 RECEIVED
 STATE CORPORATION COMMISSION
 DEC 27 1995
 CONSERVATION DIVISION
 Wichita, Kansas

FIELD OFFICE